

critique of ethical theories that rely too heavily on the proportion of benefits over harms or on inflexible moral rules. She accepts the valid contributions of feminist philosophers but the framework of her own moral thinking is provided by the principles of Catholic moral theology and teaching. These give importance to divinely established ends or purposes which can be discovered in human nature by reason and may be discerned from the scriptures. The main concepts and principles from the tradition are explained – the divine gift of life, the importance of the human body in relation to the dignity of the human person, and personal autonomy, together with the meaning and application of the distinction between “ordinary” and “extraordinary” means of treatment in biomedical/ethical decision-making. The meaning of human sexuality in the Christian tradition is expounded before discussing human infertility and its causes. She insists that the principles of social ethics and solidarity need to be employed in medical ethics to counter our cultural bias towards individualism.

Part two adequately covers the ten topics referred to above – euthanasia, organ transplantation, human experimentation and research, the manipulation of genes, assisted reproductive technologies, surrogacy, contraception, abortion, HIV/AIDS and resource allocation. For each of these chapters the relevant scientific, medical and historical information is given from Australian and overseas sources before a clear moral evaluation is made in the light of Church teaching. Important features of the book are a glossary of scientific and technical terms and an appendix with interesting timelines indicating significant events in the historical development of each of the topics covered in part two of the book. Another appendix gives the text of the Northern Territory of Australia *Rights of the Terminally Ill Act 1995*.

The author rightly agrees that moral analysis must give attention to the particular before moral judgments are made. Likewise she holds that *intention* is crucial for a proper moral evaluation of human acts. Her analysis of the moral distinction between killing and allowing to die is sound. She rightly admits the cessation of eating and drinking may be appropriate for one in a dying state. She believes the artificial provision of food and water should generally be considered sustenance rather than therapy and so ought not to be denied as part of normal nursing and

palliative care. She rightly holds that the withdrawal of artificial nutrition and hydration with the intention of causing or hastening death is immoral.

I believe the book would have made a greater contribution if it had discussed whether there was a duty to maintain artificial nutrition and hydration in the case of a person in a permanent vegetative state. It is far from obvious that the intention to withdraw artificial nutrition and hydration in such cases entails an intention to cause or hasten death. It could very well represent an unwillingness to prolong life by the unwarranted use of artificial nutrition and hydration for one locked into a pathologically induced fatal condition of being unable to swallow or drink. It could also represent a wish to allocate scarce resources to where the needs are greater. It is a pity the author did not apply the logic of her own views on the importance of intention to this contemporary and unresolved bioethical dilemma in Catholic teaching. This is surprising since Pope John Paul II in *Evangelium Vitae* redefined euthanasia as “an action or omission which of itself and by intention causes death, with the purpose of eliminating all suffering”.¹ According to this definition, there can be no euthanasia without an intention to cause death. Her treatment of contraception would have been much improved had the author followed her pattern of answering the common counter-arguments she raised in the chapter.

This book is to be recommended not only to the author's intended readership – teachers and nurse educators – but also to interested and informed lay readers. I was surprised by her statement on page 144 that this reviewer did “not venture an opinion on the consequent moral status of the zygote earlier than fourteen days”. I would like to say that I *do* believe human life should be respected from conception.²

References

- 1 Pope John Paul II. *Evangelium vitae*, 1995.
- 2 Ford N. *When did I begin? Conception of the human individual in history, philosophy and science*. Cambridge: Cambridge University Press, 1988, 1991: xii; 2–3; 57–64; 97–101.

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The Oxford Practice Skills Course Manual

Tony Hope, K W M Fulford and Anne Yates, Oxford, Oxford University Press, 1996, 181 + xii pages, £29.50 sc.

A need for teaching in ethics, law and communication skills is now recognised by the General Medical Council and by most medical schools in the United Kingdom. Empirical work has shown (a) that “dissatisfaction among patients with the performance of doctors is by and large not in technical/scientific aspects but in their practice skills”, (b) that “students’ sensitivity tends to *decline* in a conventional medical course”, and (c) that “education can change attitudes, awareness and practice both immediately . . . and long term” [page 120]. In Britain, one of the most coherent and integrated educational responses to such findings has been made by the Oxford Practice Skills Project. With the publication of its manual there is no longer any residual excuse for claiming that these skills are relatively unimportant, or that they cannot be taught and assessed, or that formal provision for such teaching and assessment in the medical curriculum is unnecessary.

The central sections of the manual describe the aims, structure, methods and content of the practice skills seminars developed by the Oxford Medical School Project. The seminars include a general introduction to medical ethics and law, and to issues related to resuscitation, confidentiality and consent. Ethical issues related to reproductive medicine, anger and aggression in patients and their relatives, working with children, and health care rationing are the subject of further sections. There is a helpful chapter on teaching communication skills and another on examination and assessment. Appendixes deal with teaching methods and resources, and supply other useful material including suggestions about how to introduce a course into the curriculum.

The authors’ advice on this last topic is particularly valuable. It is the fruit of intelligent planning, patient persuading, and sensitivity to the idiosyncracies of medical school culture. Most of what is included in the Oxford manual could easily be adapted for use in other medical schools. As a core curriculum in ethics, law and communication its

contents are difficult to fault. Indeed, because the authors consulted widely with colleagues elsewhere and generously allowed them to use their developing material, many already appreciate this. But they also know that successful introduction of such courses depends on the willing collaboration of many people, teachers and administrators as well as students, in the medical school concerned. The manual is an excellent account of the basic requirements for practice skills teaching, and it is full of good ideas which others will find well worth trying out. But it is not, nor do its authors intend it to be, any substitute for continuing patiently to work out, with colleagues and students in your own medical school, where, when and how ethics, law and communication skills teaching can be integrated most acceptably and effectively into what for the foreseeable future seems likely to be an ever-changing undergraduate curriculum.

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Reproductive Technology and Rights

Edited by James M Humber and
Robert F Almeder, Totowa, New
Jersey, Humana Press, 1995, 168
pages, \$44.50 hb.

Fathers should not be legally required to provide child support. Infertile couples have no basic right to medical assistance in reproduction. Killing two fetuses in a quadruplet pregnancy is morally justifiable. A pregnant woman who knows her fetus is seriously disabled has a duty to abort it.

These provocative proposals illustrate the challenge, topicality and occasional novelty of the eight philosophical and ethical essays in the thirteenth annual volume of *Bio-medical Ethics Reviews*. It is divided into three parts, dealing respectively with abortion, *in vitro* fertilisation (IVF) and handicapped fetuses and children.

In the first part, Stephen Hales and James Humber debate the alleged inconsistency between three philosophical assertions: (1) Women have

an unqualified right to abortion; (2) Men and women have equal rights and duties; (3) Men have an absolute duty to support their children once born. Hales argues in "Abortion and fathers' rights", that because a woman's right to abortion is a right to avoid duties (of child care), and because a father cannot for biological reasons have the same right to avoid duties, the statements are inconsistent and the father should not be legally required to provide child support.

Humber responds, in a chapter entitled "Maternity, paternity and equality" that "once a woman becomes pregnant, an immediate inequality is created between her and her sex partner" (page 36). The mother's duty, if the child is born, far exceeds the father's obligation to contribute financial resources; she must provide for "everything else that the child requires": night feeds, potty training, cooking, cleaning etc (page 38). The right to choose abortion is her means to reinstate equality: "[W]e must treat unequals [women and men] unequally if we are to satisfy the demands of justice" (page 37). But, replies Hales, in "More on fathers' rights", these "burdens of childbearing . . . are not properly considered harms or burdens at all . . . [The mother] freely chose the consequences of childbearing . . ." (page 47).

The second part focuses on *in vitro* fertilisation. Under the chapter heading "Ethical considerations in the multiplication of human embryos", Kathleen Ganss Gibson and Joe Massey examine ethical issues in the use of *blastomere separation* (splitting a 2-, 4- or 8-cell embryo to produce two identical embryos) and *cloning* (replacing the nucleus of an egg with another embryonic nucleus) in IVF treatment and embryo research. The physical risks to the embryo are far greater in the latter but one's conclusions will be "dramatically different" if the embryo is, or is not, "perceived as a human being" (page 68).

Leonard Weber considers resource issues in relation to IVF and argues that infertile couples have no basic right to medical assistance for reproduction ("In Vitro fertilisation and the just use of health care resources"). People may have the same negative rights ("a right to be left alone"), he says, but "it is something quite different to claim that we all have a basic right to medical treatment or technology simply because we think it would meet our needs or wants" (page

76). "A just health care system" must consider not only need or benefit but also "alternative uses of resources" (page 78). Becoming a parent is not necessary to "meet basic human needs" (page 84) so it is not unjust to limit access to those who can gain maximum benefit, namely (according to Canadian "evidence-based medicine") women with blocked fallopian tubes (page 87).

Walter Glannon assesses the morality of fetal reduction in a multiple pregnancy ("The morality of selective termination"). He argues that it is morally permissible on consequentialist grounds to reduce the number of fetuses in a multiple pregnancy. Multiple pregnancies present increased risks for mother and child and "fetal reduction by two in quadruplet pregnancies is the most viable way to minimise complications and to thereby ensure a reasonable quality of life for the pregnant woman and the two fetuses who are brought to term" (page 97). Consequentialism provides a better ethical guide than the "deontological intuitions concerning the loss of potential and actual lives" (page 93) of "virtue theorists, moral pluralists and proponents of the Sanctity of Life Principle" (page 97).

The third part of this book contains two essays linked by the theme of handicap. The first focuses on fetal abnormality. Bambi Robinson ("On a woman's obligation to have an abortion") states that a woman who knows she is pregnant with a fetus that has a serious problem, such as Tay Sachs disease, has an obligation to abort it. "[The] baby will know little other than pain or suffering until its death" (page 116) and "it is wrong to deliberately inflict protracted suffering on a sentient being. Second, the emotional and physical costs to the parents are less in the case of a second trimester abortion than in bringing such a seriously impaired child into the world" (page 116), she says.

The final essay concerns children born with a handicap, in this case dyslexia. Richard Hull ("The just claims of dyslexic children") puts forward arguments based on John Rawls's Original Position for parents of handicapped children seeking to gain resources for their child. Although "the basic idea of fairness here is equal distribution of liberties and of economic goods . . . Rawls recognises that . . . those whose needs are greater may be better served by unequal distributions" (page 143).

This brief summary indicates the